

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012807

STATE FILE NUMBER

FILED MAY 12 1959

Registration District No. 99

Primary Registration District No.

Registrar's No. 94

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Maysville</b> TOWN		c. CITY OR TOWN <b>Maysville</b> 0320 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>WALKER</b> Last <b>WEST</b>		4. DATE OF DEATH Month <b>April</b> Day <b>15</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>November 11 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired State Highway Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>75</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.
11a. BIRTHPLACE (City and state or country) <b>DeKalb County, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>George West</b>		13b. MOTHER'S MAIDEN NAME <b>Leah Woods</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs Mettie West Maysville</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>500-34-6371</b>		17. INFORMANT Address <b>Mrs Mettie West, Maysville Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary Heart Disease</b> DUE TO (c) <b>4201</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2 hours</b> <b>15 1/2 hrs</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <b>July 1943</b> to <b>April 15 1959</b> and last saw him alive on <b>April 15 1959</b> at <b>11:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Harold Fawcett M.D.</b> (Degree or title)		22b. ADDRESS <b>Maysville Mo</b>	
22c. DATE SIGNED <b>4/18-59</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>4-18-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Christian Chapel</b>	
23d. LOCATION (City, town, or county) (State) <b>Cameron Mo (Rural)</b>		24. FUNERAL DIRECTOR ADDRESS <b>Pilcher Funeral Home, Maysville Mo</b>	
25. DATE RECD. BY LOCAL REG. <b>5-4-59</b>		26. REGISTRAR'S SIGNATURE <b>Rascoe Davidson</b>	

MAY 27 1959

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed  .....  
C.T. Pilcher

Licensed Embalmer No. .... 3960 .....

P. O. Address ... Mayaville Mo .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.